

Instructions for the Universal Licensure Application

General Information

- ☐ Licensure fees and regulatory requirements are subject to change.
- ☐ Application fees are NON-REFUNDABLE:
 - ☐ **Examination - \$110**
 - ☐ **Endorsement - \$150**
 - ☐ **Reinstatement - \$120**
- ☐ Validation of name change(s) is required if the name on any document received at KBN is different from the name on the application for licensure. Acceptable validations include a copy of either a:
 1. Social security card,
 2. Marriage license, **OR**
 3. Court order or divorce decree showing the right to a name change.
- ☐ You are required to notify KBN within 30 days of any name change.
- ☐ You are required to notify KBN within 30 days of an address change. The notification must include:
 1. Name
 2. Social security number
 3. Old address
 4. New address
- ☐ Complete all sections as indicated below (see Section 2 for additional information about the method of application):

<u>Method of Application</u>	<u>Complete These Sections</u>	<u>Submit</u>
Examination	1, 2, 3, 4, 5, 6, 7, 8, 12	Kentucky Criminal Background Request Form
Endorsement	1, 2, 3, 4, 5, 6, 7, 10, 12	Either NurSys Form or Attachment 2
Reinstatement	1, 2, 3, 5, 6, 7, 9, 12	Attachment 1 (If Applicable)

Section 1: Biographical Data

- ☐ All information must be provided.

Section 2: Type and Method of Application

- ☐ Darken the appropriate circle to indicate whether you are applying for a RN or LPN license.
- ☐ Mark the appropriate method of application:
 - ☐ **Examination:** You will be taking the NCLEX examination.
 - ☐ **Endorsement:** You hold/held a nursing license in another jurisdiction.
 - ☐ **Reinstatement:** Your Kentucky nursing license lapsed, and you want an active Kentucky license.

Section 3: Declaration of Permanent Residence and Areas of Practice

- ☐ Select your permanent state of residence and all jurisdictions in which you currently practice.
- ☐ Evidence of primary residence includes:
 1. Voter registration
 2. Driver's license
 3. Federal income tax return
- ☐ If you are not currently practicing nursing in any jurisdiction, select only your permanent state of residence.
- ☐ Do not submit evidence of permanent residence unless requested to do so.

Section 4: Nursing Education

- ☐ List your **initial** program of nursing that is the basis of this application.
- ☐ Enter month and year graduated and select program type.
- ☐ List additional education, if applicable.
- ☐ VisaScreen Certificate is required if your nursing education was outside of the U.S.A. For additional information, go to <http://kbn.ky.gov/license/foreign.htm>.

Section 5: Disciplinary

- ☐ All questions must be answered.
- ☐ If you have never held a nursing license and the question is not applicable, answer "**NO**."
- ☐ Failure to report any action pending or disciplinary action **EVER** taken on a nursing license may subject you to disciplinary action.
- ☐ Failure to report participation in an alternative to discipline/diversion program may subject you to disciplinary action.

Section 6: Criminal History

- ☐ All questions must be answered.
- ☐ If you answered "**YES**" to any question(s), allow 3 months for all information to be reviewed by KBN.
- ☐ Failure to report any criminal convictions **EVER** received may subject you to disciplinary action.

Section 7: Employed in Kentucky as a LPN or RN

- ☐ **DO NOT** complete this section if you are employed in Kentucky in a non-nursing position.

Section 8: Application for Licensure by Examination

- ☐ #1. A new Application for Licensure and fee are required each time you take the National Council Licensure Examination (NCLEX).
- ☐ #2. The application is valid for one year from the date received at KBN or until you take NCLEX.
- ☐ #3. CRIMINAL HISTORY REPORT:
 - ☐ 1. The **ONLY** acceptable criminal history report is one issued by the Administrative Office of the Court (AOC).
 - ☐ 2. You must put your social security number on the report and submit it with your application to KBN.
 - ☐ 3. The criminal history report is valid for 6 months.
- ☐ #4. EVIDENCE OF GRADUATION:
 - ☐ 1. As a graduate of a Kentucky nursing program, your school must submit your name on a Certified List of Graduates.
 - ☐ 2. As a graduate of an out-of-state nursing program, you must request your program of nursing to send KBN either:
 - ☐ a. An official transcript, with the degree and date posted, **OR**
 - ☐ b. Your name on the Out-of-State Program of Nursing Graduates Certified List.
- ☐ #5. HIV/AIDS EDUCATION REQUIREMENT:
 - ☐ 1. Two hours of KBN approved HIV/AIDS education are required.
 - ☐ 2. If you graduated from a Kentucky nursing program, you met this requirement in your prelicensure program.
 - ☐ 3. If you graduated from an out-of-state nursing program, you must meet this requirement within 6 months of the date your Kentucky nursing license is issued.
 - ☐ 4. Additional information is available at <http://kbn.ky.gov/education/ce/cecourses.htm>.
- ☐ #6. REGISTRATION FOR THE NCLEX:
 - ☐ 1. Contact Pearson/VUE (www.pearsonvue.com/nclex) for questions regarding the registration process, the authorization to test (ATT), and/or the NCLEX examination.
 - ☐ 2. Failure to provide your SSN and the month and year of anticipated graduation from your nursing program **will** delay your eligibility to test.
- ☐ #7. METHODS OF REGISTRATION FOR THE NCLEX:
 - ☐ 1. **Candidate Website:** At www.pearsonvue.com/nclex, select "Create a web account and register for an NCLEX examination."
 - ♦ If you provide a valid email address, you should receive your confirmation of registration from Pearson/VUE within 48 hours.
 - ☐ 2. **Telephone:** Contact NCLEX Candidate Services at 1-866-499-2539.
 - ♦ If you register by telephone and provide a valid email address, you should receive your confirmation of registration from Pearson/VUE within 48 hours.

Section 8: Application for Licensure by Examination (Continued)

☐ #7. METHODS OF REGISTRATION FOR THE NCLEX:

(Cont.) ☐ 3. **Regular Mail to NCLEX Operations:**

- ◆ Mail the NCLEX Examination Registration Form and a certified check, cashier's check, or money order made payable to the National Council of State Boards of Nursing.
- ◆ If you register by regular mail, it may take up to 6 weeks to receive your confirmation of registration from Pearson/VUE.

- ☐ 4. Additional information on eligibility, the ATT, and the clinical internship is available at <http://kbn.ky.gov/license/exam.htm>.

☐ #8. PROVISIONAL LICENSE (PL):

- ☐ 1. A provisional license may be issued within 14 days of receipt of the following:

- ☐ a. A completed Application for Licensure.
- ☐ b. Licensure processing fee.
- ☐ c. Criminal History Report (CourtNet).
- ☐ d. Evidence of completion of a program of nursing.

- ☐ 2. A provisional license is valid for 6 months from the date of issue.

- ☐ 3. You may continue to practice as a RNA/LPNA until:

- ☐ a. You are issued a permanent nursing license,
- ☐ b. The provisional license expires, **OR**
- ☐ c. You are unsuccessful on NCLEX.

☐ #9. CLINICAL INTERNSHIP (CI):

- ☐ 1. All new graduates must complete a clinical internship of 120 hours of supervised nursing practice that involves any component of direct patient care.
- ☐ 2. The clinical internship must be completed prior to the expiration date of the provisional license.
- ☐ 3. The RNA* must work under the direct supervision of a registered nurse, and the LPNA* must work under the direct supervision of a nurse.
- ☐ 4. Neither the RNA nor LPNA may engage in independent nursing practice.

* RNA - Registered Nurse Applicant

* LPNA - Licensed Practical Nurse Applicant

☐ #10. VERIFICATION OF COMPLETION OF THE CLINICAL INTERNSHIP (VOC):

- ☐ 1. The Verification of Completion of the Clinical Internship (VOC) form will be mailed with your provisional license.
- ☐ 2. The VOC form must be completed and signed by both the RNA/LPNA and a supervising nurse.
- ☐ 3. After KBN receives the VOC form, and **IF** you have registered with Pearson/VUE for NCLEX, you may be made eligible to test.

☐ #11. AUTHORIZATION TO TEST (ATT):

- ☐ 1. After KBN makes you eligible to test, Pearson/VUE will send your ATT to your valid email address within 48 hours or to your postal address within 14 days.
- ☐ 2. It is recommended that you register with Pearson/VUE prior to the completion of your clinical internship.

☐ #12. UNSUCCESSFUL NCLEX EXAM:

- ☐ 1. Upon notification that you were unsuccessful on NCLEX, your provisional license and ATT are null and void.
- ☐ 2. You may not work in a licensed position.
- ☐ 3. Practicing without a provisional license or a Kentucky nursing license may subject you to disciplinary action.
- ☐ 4. You may re-register and pay the fee with Pearson/VUE at any time, and re-test after 45 days.
- ☐ 5. You may reapply to KBN and pay the fee at any time.
- ☐ 6. A criminal history report (CourtNet) is valid for 6 months.

☐ #13. PERMANENT KENTUCKY NURSING LICENSE:

- ☐ Your permanent nursing license will be issued within 14 days of KBN receiving validation that you passed NCLEX.

Section 8: Application for Licensure by Examination (Continued)

☐ #14. ROLE DELINEATION COURSE:

- ☐ 1. Requirements for a graduate of a RN program of nursing to take NCLEX-PN include:
 - ☐ a. Evidence of completion of a role delineation course.
 - ☐ b. A completed application and fee for LPN licensure.
 - ☐ c. A current criminal history report.
 - ☐ d. Registration with Pearson/VUE for NCLEX-PN.
 - ☐ e. Evidence of completion of 120 hours of a clinical internship as a LPNA.
- ☐ 2. You may continue to take NCLEX-RN.

☐ #15. DOMESTIC VIOLENCE CONTINUING EDUCATION REQUIREMENT:

- ☐ 1. Three hours of approved domestic violence continuing education are required within 3 years of the date your Kentucky nursing license is issued.
- ☐ 2. If you graduated from a Kentucky nursing program after May 1, 1998, this requirement was included in your school's curriculum.
- ☐ 3. Additional information is available at <http://kbn.ky.gov/education/ce/cecourses.htm>.

Section 9: Application for Licensure by Reinstatement

- ☐ 1. The application is valid for one year from the date received at KBN.
- ☐ 2. All applicants are required to provide proof of earning 3 hours of KBN approved domestic violence continuing education.
 - ◆ A list of approved courses is available at <http://kbn.ky.gov/education/ce/cecourses.htm>.
- ☐ 3. **COMPETENCY VALIDATION:** Choose **ONE** of the following methods that you wish to use to validate competency.
 - ☐ #1. **500 hours of employment as a nurse within 5 years of the date your application is received at KBN:**
 - ☐ a. Include a copy of an active nursing license.
 - ☐ b. Complete the top portion of Attachment 1 and send it to the employer for validation that you practiced 500 hours as a nurse.
 - ☐ c. Have the employer mail or fax the completed form to KBN.
 - ☐ #2. **Continuing Education:**
 - ☐ a. If your Kentucky license lapsed within the past 5 years, contact the reinstatement licensure specialist for information regarding the CE earnings that must be submitted.
 - ☐ b. Continuing education earned more than 5 years preceding the date your application is received at KBN will not be accepted.
 - ☐ #3. If you have not practiced as a nurse 500 hours within 5 years of the date your application is received at KBN, you may submit **EITHER**:
 - ☐ a. **Refresher Course:** Evidence of completing an approved refresher course within 2 years of the date your application is received at KBN.
 - OR**
 - ☐ b. **120 Continuing Education Hours:** Evidence of earning 120 KBN approved continuing education hours within 1 year of the date your application was received at KBN.
 - ☐ #4. A permanent Kentucky nursing license will be issued within 14 days of receipt of all requirements listed above.

Section 10: Application for Licensure by Endorsement

- ☐ 1. The application is valid for 6 months from the date received at KBN.
- ☐ 2. If you fail to complete all requirements within the 6-month period, you must submit another application, fingerprint card, and pay the fees.
- ☐ 3. You are required to provide the following:

Section 10: Application for Licensure by Endorsement (Continued)

(Cont.) ☐ #1. FINGERPRINT CARD:

- ☐ a. You must complete a fingerprint card **issued** by KBN.
- ☐ b. Complete the biographical data on the fingerprint card and take the card to any law enforcement agency in any state for the fingerprinting process.
- ☐ c. Return the completed card to KBN with the \$24 processing fee.
- ☐ d. It may take 4-8 weeks for KBN to receive a report from the FBI.
- ☐ e. Additional information is available at <http://kbn.ky.gov/license/endorse.htm>.

☐ #2. TRANSCRIPTS:

- ☐ a. Official transcripts are required of all applicants.
- ☐ b. Official transcripts with degree and date posted must be sent directly from the program of nursing to KBN.

☐ #3. COMPETENCY VALIDATION:

For nurses **LICENSED GREATER THAN ONE YEAR**, select one of the following:

- ☐ a. Being licensed within the past 5 years, **OR**
- ☐ b. Employment as a nurse for 500 hours within the past 5 years, **OR**
- ☐ c. Employment as a nurse for at least 100 hours within the past 5 years [contact KBN licensure specialist for CE(s) requirements], **OR**

If you have not met one of the above validations of competency, you must provide proof of **EITHER**:

- ☐ a. **Refresher Course:** Evidence of completing an approved refresher course within 2 years of the date your application is received at KBN.

OR

- ☐ b. **120 Continuing Education Hours:** Evidence of earning 120 KBN approved continuing education hours within 1 year of the date your application was received at KBN.

For nurses **LICENSED LESS THAN ONE YEAR**:

- ☐ a. An applicant who has not practiced as a RN/LPN in another state or territory for at least 120 hours within the first year following graduation from a program of nursing must complete a clinical internship.
- ☐ b. A provisional license may be issued within 14 days of receipt of the following:
 - ◆ A completed Application for Licensure and the fee.
 - ◆ A completed fingerprint card and the fee.
 - ◆ An official transcript with degree and date posted.
- ☐ c. The clinical internship must be completed prior to the expiration date of the provisional license.
- ☐ d. The Verification of Completion of the Clinical Internship Form (VOC) will be mailed with your provisional license.
- ☐ e. The VOC form must be completed and signed by both the RNA/LPNA and a supervising nurse and returned to KBN.
- ☐ f. You may continue to practice as a RNA/LPNA until:
 - ◆ You are issued a permanent nursing license,
 - ◆ The provisional license expires, **OR**
 - ◆ You are unsuccessful on NCLEX.
- ☐ g. Practicing in Kentucky without a provisional license, temporary work permit, or Kentucky nursing license may subject you to disciplinary action by KBN.

☐ #4. HIV/AIDS CONTINUING EDUCATION:

- ☐ a. It is your responsibility to submit proof of earning 2 hours of KBN approved HIV/AIDS continuing education.
- ☐ b. This CE may not be earned more than 2 years prior to the date the application is received at KBN.
- ☐ c. A list of approved courses is available at <http://kbn.ky.gov/education/ce/cecourses.htm>.

Section 10: Application for Licensure by Endorsement (Continued)

☐ #5. VERIFICATION OF ORIGINAL LICENSURE:

- ☐ a. If your state of original licensure is listed on the NurSys Form, you must either:
 - ◆ Complete the top portion of the form and send to the address as directed, **OR**
 - ◆ Go to <https://www.nursys.com/includes/processing?PSPartState/asp>.
- ☐ b. If your state of original licensure is **NOT** listed on the NurSys form:
 - ◆ Complete the top portion of Attachment 2.
 - ◆ Send the form to your state of original licensure.
 - ◆ Contact the Board of Nursing in your original state of licensure for fee requirements.

☐ #6. TEMPORARY WORK PERMIT (TWP):

- ☐ a. A TWP may be issued within 14 days of receipt of the following:
 - ◆ A completed Application for Licensure and the fee.
 - ◆ A completed fingerprint card and the fee.
 - ◆ An official transcript with degree and date posted.
 - ◆ Competency validation (if applicable).
- ☐ b. The TWP is valid for 6 months from the date issued and will not be extended.
- ☐ c. If all requirements for licensure are not met before the TWP expires, you must:
 - ◆ Reapply and pay the fee.
 - ◆ Submit a new fingerprint card and the fee.
- ☐ d. Practicing without a valid TWP, provisional license, or a Kentucky nursing license may subject you to disciplinary action by KBN.

☐ #7. PERMANENT KENTUCKY LICENSE:

- ☐ a. If you were issued a TWP, a permanent license will be issued upon receipt of:
 - ◆ Verification of original licensure.
 - ◆ Proof of earning 2 hours of KBN approved HIV/AIDS continuing education.
 - ◆ Report from the FBI.
- ☐ b. If you were issued a PL, a permanent license will be issued upon receipt of:
 - ◆ Verification of completion of the clinical internship (VOC).
 - ◆ Verification of original licensure.
 - ◆ Proof of earning 2 hours of KBN approved HIV/AIDS continuing education.
 - ◆ Report from the FBI.
- ☐ c. It is your responsibility to assure that all documents have been received by KBN BEFORE the application for licensure expires.

☐ #8. DOMESTIC VIOLENCE CE:

- ☐ a. Proof of earning 3 hours of KBN approved domestic violence continuing education must be earned within 3 years of the date you are issued a Kentucky nursing license.
- ☐ b. **DO NOT SUBMIT PROOF OF EARNING THE DOMESTIC VIOLENCE CE UNLESS REQUESTED TO DO SO.**
- ☐ c. A list of approved courses is available at <http://kbn.ky.gov/education/ce/cecourses.htm>.

Section 11: Responsibility & Accountability of Kentucky Licensed Nurses

- ☐ The portion of nursing law cited in this section explains the accountability and responsibility of all nurses licensed to practice nursing in Kentucky.
- ☐ All Kentucky nursing laws and regulations is available at <http://kbn.ky.gov/laws.htm>.

- ☐ AL ☐ CA ☐ FL ☐ ID ☐ LA ☐ MN ☐ ND ☐ NV ☐ PA ☐ SD ☐ VA ☐ WI
☐ AK ☐ CO ☐ GA ☐ IL ☐ MA ☐ MO ☐ NE ☐ NY ☐ PR ☐ TN ☐ VI ☐ WV
☐ AR ☐ CT ☐ GU ☐ IN ☐ ME ☐ MS ☐ NH ☐ OH ☐ RI ☐ TX ☐ VT ☐ WY
☐ AS ☐ DC ☐ HI ☐ KS ☐ MD ☐ MT ☐ NJ ☐ OK ☐ SC ☐ UT ☐ WA
☐ AZ ☐ DE ☐ IA ☐ KY ☐ MI ☐ NC ☐ NM ☐ OR ☐ Other _____ (Specify)

Since you last applied for or were issued a Kentucky nursing license, have you had any misdemeanors or felonies? Yes ☐ No ☐

Section 7: Answer ONLY if you are Employed in KY as a RN or LPN

Date of Kentucky Employment: - -
Employer _____

Employed as: RN ☐ LPN ☐

City _____ **Employer's Telephone #** _____
 - -

Section 8: Application for Licensure by Examination (Valid for One Year)

All examination applicants are required to complete a 120 hour clinical internship after receiving a provisional license. You must register with the NCLEX test service before you will be made eligible to test. A **criminal history report** obtained from the Administrative Offices of the Court must be submitted with this application. **See the instruction sheet for any additional information.**

PROVISIONAL LICENSE: A provisional license will be issued within 14 business days of receipt of all the following:

1. Completed application to KBN for licensure.
2. Criminal History Report.
3. Evidence of completion of a program of nursing.

Have you previously had a provisional license issued by KBN? Yes ☐ No ☐ If yes, was it for: RN ☐ LPN ☐

See the instruction sheet for additional information on receiving an **Authorization to Test (ATT)**.

RETAKING NCLEX:

Have you previously taken NCLEX? **Yes** ☐ If yes, was it for: **RN** ☐ In what state(s)?

No ☐ **LPN** ☐ In what state(s)?

If you were unsuccessful on NCLEX, you must:

1. Reapply to KBN: Application for licensure, fee, and current criminal history report.
2. Re-register with Pearson/VUE (NCLEX) and pay the required fee.

See instruction sheet for additional information on eligibility for NCLEX and Clinical Internship.

ROLE DELINEATION COURSE:

Graduates from a RN program of nursing may sit for NCLEX-LPN after they:

1. Are unsuccessful on NCLEX-RN, **and**
2. Submit evidence of completion of a role delineation course, **and**
3. Submit an application for licensure.

If applicable, list the name of the LPN role delineation course you completed:

School Name _____ Date Completed _____

Graduates from an out-of-state program of nursing (PON) must submit:

1. An official transcript, **OR** the PON must submit a certified list.
2. Evidence of completing 2 hours of CHS approved HIV/AIDS continuing education within 6 months of the date a Kentucky nursing license is issued. Signing this application constitutes an agreement that such evidence will be submitted. Failure to do so will result in disciplinary action.

Section 9: Application for Licensure by Reinstatement (Valid for One Year)

Select ONE of the following:

- ☐ I have practiced 500 hours within the past 5 years as a nurse in another state.
- You must submit:**
- Verification of employment (**Attachment 1**); **AND**
 - A copy of an active nursing license from that state at the time of employment; **AND**
 - Proof of earning 3 contact hours of KBN approved domestic violence continuing education.
- ☐ I have NOT practiced 500 hours within the past 5 years as a nurse.
- You must submit:**
- Proof of earning 120 KBN approved continuing education hours, earned within 1 year of the date of application; **OR**
 - Proof of completing a KBN approved refresher course, earned within 2 years of the date of application; **AND**
 - Proof of earning 3 contact hours of KBN approved domestic violence continuing education.
- ☐ My Kentucky nursing license lapsed within the past 5 years. **Contact the reinstatement licensure specialist for specific requirements.**

Section 10: Application for Licensure by Endorsement - Valid for 6 Months

State & Year of Original Licensure as RN State & Year of Original Licensure as LPN

Refer to the instruction sheet for additional requirements if your nursing education was not received in a U.S. jurisdiction.

Select ONE of the following:

- ☐ I have been licensed less than 5 years.
- ☐ I have practiced 500 hours within the last 5 years.
- ☐ I have not practiced 500 hours in the last 5 years but have been licensed in another state longer than 5 years. **Contact KBN for requirements.**

Applicants for endorsement must submit:

1. A fingerprint card issued by KBN (and additional \$24 processing fee).
2. Verification of original licensure. **NurSys Form or Attachment 2**
3. Evidence of having earned 2 contact hours of KBN approved HIV/AIDS education. Contact hours must not be earned more than 2 years prior to date of application.
4. An official transcript (see the instruction sheet for additional information).

Provide the following information regarding your last two employers:

Name of Employer 1

Contact Person

City

State

Zip

Telephone #

 - -

Length of Employment

Name of Employer 2

Contact Person

City

State

Zip

Telephone #

 - -

Length of Employment

New Graduates Only: A provisional license will be issued within 14 business days of receipt of 1 and 4 above. See instructions for additional information.

I have practiced 120 hours in the same licensure type for which I am applying. Yes ☐ No ☐

Section 11: Responsibility and Accountability of Kentucky Licensed Nurses

KRS 314.021(2): All individuals licensed under provisions of this chapter shall be responsible and accountable for making decisions that are based upon the individual's educational preparation and experience in nursing and shall practice nursing with reasonable skill and safety.

Section 12: Attestation Statement

I certify that I am the person referred to in the foregoing application for licensure in Kentucky; that I am not in default of a student loan administered by the Kentucky Higher Education Assistance Authority (KHEAA), that I am not delinquent in the repayment of a defaulted Nursing Incentive Scholarship Fund award administered by KBN, that all statements contained herein and on all attachments are true and correct in every respect; and that I have read and understand this application and all requirements stated therein. I further understand that all information on this application is subject to an audit for verification and that the falsification of any information contained herein will be cause for disciplinary action. I declare my primary state of residence to be the state as indicated in Section 3 of this application.

Applicant's Signature

Office Use Only

HIV/AIDS in PON:

APPROVED PROVIDERS OF HIV/AIDS CONTINUING EDUCATION WEBSITES

CME Resource

1-800-232-4238

www.netce.com

National Center of Continuing Education

1-800-824-1254

www.nursece.com

Nursing Spectrum

1-800-866-0919

www.nursingspectrum.com

Nursing Education of America

1-800-234-8706

www.nursingeducation.org

University of Kentucky College of Nursing

www.ceprofessor.uky.edu

Western Schools

1-800-438-8888

www.westernschools.com